

Name of Person Filing Document: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your City, State, Zip Code: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

Attorney Bar Number (if applicable): \_\_\_\_\_

Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

Regarding the Matter of

Case Number: PB \_\_\_\_\_

**AFFIDAVIT OF PUBLICATION**

\_\_\_\_\_  
(NAME)

1. Attached to this page is the original Affidavit of Publication from the Newspaper.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Filing Document